

Name \_\_\_\_\_ Date \_\_\_\_\_ Class Period \_\_\_\_\_

HANDS-ON HEALTH  
Activity

2

STUDENT WORKSHEET

## Personal Letter Form

**Directions:** Fill in the lines below to create a letter to yourself that you can review later.

\_\_\_\_\_  
(date)

Dear \_\_\_\_\_,

This seems like a good time to record some of my beliefs, ideas, and choices. I want you to know about my attitudes toward certain health-related issues and my commitment to specific lifestyles.

This is how I describe my physical appearance: (height, weight, hairstyle, etc.)

\_\_\_\_\_  
\_\_\_\_\_

This is how I see myself: (friendly, outgoing, quiet, etc.)

\_\_\_\_\_  
\_\_\_\_\_

This is what I like to do in my spare time: (hobbies, activities, etc.)

\_\_\_\_\_  
\_\_\_\_\_

These are my three best friends:

\_\_\_\_\_  
\_\_\_\_\_

The roles my peers have in influencing the decisions I make are:

\_\_\_\_\_  
\_\_\_\_\_

These are my favorite thing(s) to eat:

\_\_\_\_\_  
\_\_\_\_\_

**Activity 2** continued

This is the kind of music I enjoy listening to, and these are my favorite songs:

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My favorite TV show and favorite movie are:

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This is what I want to accomplish in the next four years:

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These are two qualities I like about myself:

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I would like to change these two qualities about myself:

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These are my views on tobacco:

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These are my views on alcohol:

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These are my views on marijuana use:

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This is my view on being sexually abstinent before marriage:

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